MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
11/594768	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			ı				
2							52			ı			╼	
3							53			ı				
4							54			ı				
5							55			ı				
6							56			ı				
7							57			ı				
8							58			ı				
9							59			ı				
10							60			ı				
11	ı						61			ı				
12		ı					62			ı				
13		ı					63			ı				
14		ı					64							
15		ı					65							
16		ı					66							
17		ı					67			ı				
18		ı					68							
19							69							
20							70							
21							71							
22		ı					72							
23		ı					73							
24		ı					74							
25		ı					75							
26		ı					76							
27		ı					77							
28							78							
29		ı					79							
30		ı					80							
31		ı					81							
32		ı					82							
33		ı					83							
34					ı		84							
35							85							
36		ı					86							
37							87							
38							88							
39							89							
40							90							
41		ı					91							
42		ı					92							
43							93							
44	ı	ı					94							
45		ı		ı			95							
46							96							
47		ı					97							
48		ı					98							
49							99							
50		ı					100							
TOTAL IND.							TOTAL IND.		ı					
TOTAL DEP.							TOTAL DEP.		56					
TOTAL CLAIMS							TOTAL CLAIMS		57					

PTO-1360 (3-79)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE